

# CARTERSVILLE SCHOOL SYSTEM

## REFERENCE EVALUATION FORM

**TO THE APPLICANT:** Complete the top portion (name, social security number, desired position) prior to your submission of this form to the individual who will provide the reference information.

- > If you are an experienced educator, references must be from your most recent and immediate supervisor (principal, assistant principal, superintendent, etc.).
- > If you have never taught, your references should be from: (1) your cooperating teacher of student teaching, (2) your college supervisor of student teachers, and (3) a university or college professor, supervisor, or dean.
- > References are not acceptable from fellow teachers, family, friends, etc.

APPLICANT'S NAME (Please Print) \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ FORMER LAST NAME(S) \_\_\_\_\_

APPLICANT'S SOCIAL SECURITY NUMBER  
 \_\_\_\_\_

POSITION(S) DESIRED: \_\_\_\_\_

**TO THE EVALUATOR:** The applicant listed above is applying for a position with the Cartersville City Schools. Your honest evaluation of the applicant in the following categories is appreciated. This evaluation is confidential and will have restricted use. Please complete the form and return it to Cartersville City Schools as soon as possible. **Thank you.**

CHARACTERISTICS	Excellent	Satisfactory	Needs Improvement	Unsatisfactory	Unable to Rate
	Knowledge of Subject/Content				
Promotion of Student Achievement					
Adaptability to New Ideas/Programs					
Use of Sound Judgment					
Self-Control and Poise					
Leadership Skills					
Communication	Written				
	Oral				
Skill in Planning					
Organizing for Instruction					
Enthusiasm for Teaching					
Classroom Management Skills					
Ability to Work in a Positive, Respectful, Professional, & Cooperative Manner With:	Teachers				
	Administration				
	Parents				
	Students				
Attendance	Regular				
	Promptness				

1. How long have you known the applicant? \_\_\_\_\_ Years
  2. In what capacity? \_\_\_\_\_
  3. If applicant left your employment, why? \_\_\_\_\_
  4. Would you recommend the applicant for this position?  
 YES  NO  
 (if NO, explain: \_\_\_\_\_)
  5. Would you re-employ?  YES  NO  
 (if NO, explain): \_\_\_\_\_
  6. To your knowledge, has this applicant ever been non-renewed, asked to resign, been given the opportunity to resign in lieu of being nonrenewed or terminated?  
 YES  NO
  7. To your knowledge, has this applicant ever received an unsatisfactory evaluation?  
 YES  NO
  8. Should we contact you for additional information?  
 YES  Only if needed.
- Name (Printed) \_\_\_\_\_  
 Title \_\_\_\_\_ Phone \_\_\_\_\_  
 School/Agency \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return to: Cartersville City Schools P.O. Box 3310 Cartersville, GA 30120**